

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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|   |                                       |  |
|---|---------------------------------------|--|
| 1. (a) Name of Candidate (in full)<br><u>Dr. Christopher Peters</u> |                                       |  |
| (b) Address (number and street)<br><u>1995 Ashlynd Dr.</u>          |                                       | 2. FEC Candidate Identification Number<br><u>H6IA02161</u>   |
| (c) City, State, and ZIP Code<br><u>Coralville, IA 52241</u>        |                                       | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br><u>Republican</u>                           | 5. Office Sought<br><u>U.S. House</u> | 6. State & District of Candidate<br><u>Iowa, 2<sup>nd</sup> District</u>                                 |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

|   |
|---|
| (a) Name of Committee (in full)<br><u>Christopher Peters For Congress</u> |
| (b) Address (number and street)<br><u>P.O. Box 2202</u>                   |
| (c) City, State, and ZIP Code<br><u>Iowa City, IA 52244</u>               |

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

|                                 |
|---------------------------------|
| (a) Name of Committee (in full) |
| (b) Address (number and street) |
| (c) City, State, and ZIP Code   |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

|   |                           |
|---|---------------------------|
| Signature of Candidate<br><u>CHRISTOPHER PETERS</u> | Date<br><u>07-23-2017</u> |
|---|---------------------------|

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

|  |  |  |  |  |  |  |  |  |
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|--|--|--|--|--|--|--|--|--|

Optional Supplemental Page for Designation  
of Additional Authorized Committees**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

Christopher Peters for Congress  
c/o Matthew Evans  
P.O. Box 2202  
Iowa City, IA 522414



JAI ME ESCALANTE  
EDUCATION / CULTURE / ILLA

CEDAR RAPIDS, IA 524


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|   |   |
|---|---|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                                     |
| <input checked="" type="checkbox"/> USPS First Class Mail                                       | Postmarked 8/3/17<br>Date of Receipt 8/9/17         |
| <input type="checkbox"/> USPS Registered/Certified  | Postmarked (R/C)                                    |
| <input type="checkbox"/> USPS Priority Mail   | Postmarked  |
| <input type="checkbox"/> USPS Priority Mail Express   | Postmarked  |
| <input type="checkbox"/> Postmark Illegible   |   |
| <input type="checkbox"/> No Postmark  |   |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                                  | Shipping Date                                       |
|   | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office                      | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office                             | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office                                 | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):   | Date of Receipt or Postmarked                       |
| <br>PREPARER | 8/9/17<br>DATE PREPARED                             |

(3/2015)

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